



DASA Report Form

Offender: \_\_\_\_\_

School filling report: \_\_\_\_\_

Date/time of incident: \_\_\_\_\_

Person completing this report: \_\_\_\_\_

**Part I. Basic Information**

**Incident occurred (check one):**

- During regular school hours
- Before or after regular school hours

**Location of incident (check one):**

- Auditorium
- Bus
- Girls bathroom
- Hallway
- Playing field
- Boys bathroom
- Cafeteria
- Girls locker room
- Parking Lot
- Pool
- Boys locker room
- Classroom
- Gymnasium
- Playground
- Cyber Offense
- Other (specify below)

**Incident occurred (check one):**

- On school property
- At school sponsored function off school grounds
- Off school property (select this only if it is a cyber offense)

**Incident was (check all that apply):**

- Gang related
- Bias related

**Part II. DASA**

**Description of Incident:** (Please use as much detail as possible, such as who was involved, how it happened and if there were any injuries)

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**Teacher/Person reporting incident:** (Last name, first name): \_\_\_\_\_

**Bias(es) of Incident (check all that apply):**

- Actual or perceived race
- Color
- Disability
- Ethnic group
- Gender
- National origin
- Religion
- Religious practices
- Sex
- Sexual orientation
- Weight
- Other

